

## Volunteer Application Form

Northern Virginia Mental Health Institute  
3302 Gallows Road  
Falls Church, VA 22042-3398  
(703) 645-4001

Date: \_\_\_\_\_

Last Name	First Name	Middle Initial
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Street Address		
City	State	Zip

Home Phone (    )	Business Phone (    )	E-mail Address	I prefer to receive calls at: home   business   either
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How did you find out about us? \_\_\_\_\_

Have you served as a volunteer with us before? **Yes No.** If yes, in what year? \_\_\_\_\_

Volunteers of NVMHI must be 18 years or older. Are you 18 years or older? **Yes No.**

Have you previously received services from NVMHI? **Yes No.** *(Persons who have previously received services may volunteer in a non-clinical role)*

**Education and Training** - Please list any education, degree(s), certifications or licenses you have received:

Please attach a resume if you have one.

## Volunteer Interest Survey

I want to volunteer because:
What special skills, interests, hobbies, talents or knowledge do you have that you would like to share with the patients at NVMHI?
<p style="text-align: center;">Please check all areas that are of interest to you:</p> <div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Group Assistant: arts &amp; crafts   cooking   leisure activities   gardening &amp; horticulture   walking groups              newsletter assistance   sports   music   singing instrumental or other_____           </div> <div> <input type="checkbox"/> Free-Time Patient Activities: games or puzzles   recreational &amp; athletic games   computer assistance           </div> <div> <input type="checkbox"/> Special Events, Holiday or Spiritual Celebrations:              _____           </div> <div> <input type="checkbox"/> Share a Musical or Artistic Talent:_____           </div> <div> <input type="checkbox"/> Share an Area of Interest or Expertise:              _____           </div> <div> <input type="checkbox"/> Friday Night Social Hour: board games   bingo   performance craft   other:_____           </div> <div> <input type="checkbox"/> Administrative/Clerical duties           </div> <div> <input type="checkbox"/> Advisory Council           </div> <div> <input type="checkbox"/> Fundraising   -   planning for special events           </div> <div> <input type="checkbox"/> Other Skills, Interests or Talents You'd Like to Share:   do you speak other languages_____           </div> </div>

**Availability** Please check the times you are usually available for a volunteer assignment and if possible indicate specific hours. Please note, we are working on developing evening and weekend volunteer opportunities:

<input type="checkbox"/> <u>Sunday</u>	<input type="checkbox"/> <u>Monday</u>	<input type="checkbox"/> <u>Tuesday</u>	<input type="checkbox"/> <u>Wed</u>	<input type="checkbox"/> <u>Thursday</u>	<input type="checkbox"/> <u>Friday</u>	<input type="checkbox"/> <u>Saturday</u>
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon

Times available

\_\_\_\_\_

\_\_\_\_\_

How often would you like to volunteer:

- ☐ daily
- ☐ weekly
- ☐ monthly
- ☐ other \_\_\_\_\_

**Emergency Contact** In the event of an emergency please notify:

Name	Home Phone Number
Relationship	Work Phone Number

**Medical Information**

Do you have any medical conditions that would affect your ability to perform your volunteer duties, or that the NVMHI should be aware of? Yes No

If Yes, please explain:

**Liability Waiver**

It is the opinion of the Commonwealth of Virginia's Attorney General Office that NVMHI and its employees and patients have no legal obligation to any volunteer who may be injured in performance of volunteer duties. In the event a volunteer is injured, the physician on duty may, in accordance with the "Good Samaritan Law", treat the individual so as to prevent the loss of life, limb, and to prevent undue suffering. In this case, the physician is acting as an independent agent and not as a representative or employee for the state. Any volunteer who is injured should be directed to the Emergency Room at the local hospital or go to see their primary care physician. Any volunteer who is injured while performing volunteer service at NVMHI must notify a staff person of the injury as soon as possible.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Understanding**

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the institute from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_